

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JI		7/6/22/01
O.I.P.E. CLASSIFIER		49	7/2/01
FORMALITY REVIEW	SI	1081	08/30/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original
1	10
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	0
18	0
19	0
20	0
21	0
22	0
23	0
24	✓
25	✓
26	✓
27	✓
28	✓
29	0
30	0
31	✓
32	0
33	0
34	0
35	0
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY

2-516
08/30/01